

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43496

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4:30 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Daniel Jefferson Childers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Gertrude Childers 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased August 19 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 3 3 hr. min.

9. Birthplace Mountain Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name William Francis Childers
13. Birthplace Lincoln Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Elizabeth Arthur
15. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Childers
(b) Address Arlington, Missouri
17. (a) Burial (b) Date thereof Nov. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Xavier Church

18. (a) Signature of funeral director Wm. E. Dyer

(b) Address Rolla, Mo.

19. (a) Nov. 25, 1940 (b) Joe F. Ayers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1940 hour 12:15 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 22, 1940
8:40 a.m. 19 to Nov. 22, 1940 19
that I last saw him alive on Nov. 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed thorax and skull fracture
Due to Automobile accident

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov. 22, 1940
(c) Where did injury occur? Highway 66 Phelps Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

U-10 on highway
While at work? (Specify type of place) (c) Means of injury Automobile

23. Signature Wm. E. Dyer (M.D. or other) M.D.
Address Rolla, Missouri Date signed Nov. 22, 1940

210 m 8
98
RECEIVED

District Health Officer No. 5,

District File Number 12401222

Date Filed _____

JAN 28 1949

APR 15 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43496

Registration District No. 629

Primary Registration District No. 4403

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Halla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Daniel Jefferson Childers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 41 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 7 day 22 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed thorax and skull fracture automobile accident

Due to Collision with a truck on Highway #66 near Arlington

Due to mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence 7/22/1940

(c) Where did injury occur? Hwy #66 Phelps Co mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? mo

Hwy 66 Phelps Co mo (Specify type of place)

While at work? on road (Specify type of work)

23. Signature Asbury McDaniel (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

1702
22

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-43496